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General data

POPULATION, 2023  
**16,665,409**

PHYSICIANS/1000 INH, 2020–2022  
**0.17**

NURSES/1000 INH, 2020–2022  
**2.14**

LIFE EXPECTANCY, 2022  
**63.35**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**153**

GDP PER CAPITA (US\$), 2023  
**2,156.03**

HEALTH EXPENDITURE, 2021  
**62.74**

UNIVERSAL HEALTH COVERAGE, 2021  
**55**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT



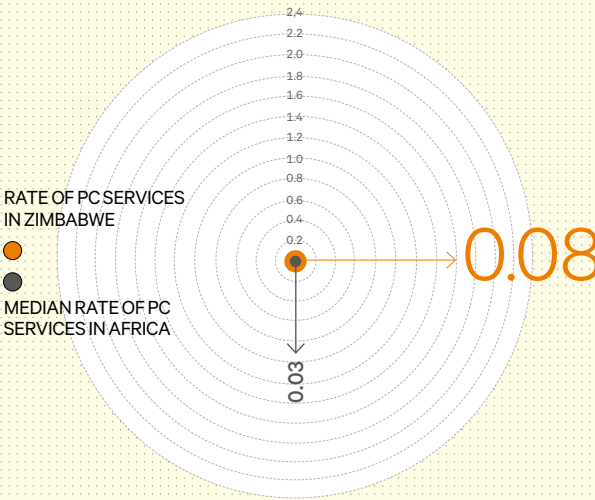
# Zimbabwe

F Provision of PC (Specialised Services)

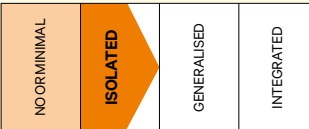
Total number of Specialised PC services  
**12**

Rate of PC services per 100,000 inhabitants  
**0.08**

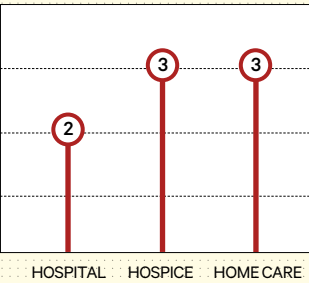
Zimbabwe in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION  
**1**

TOTAL NUMBER  
**1**

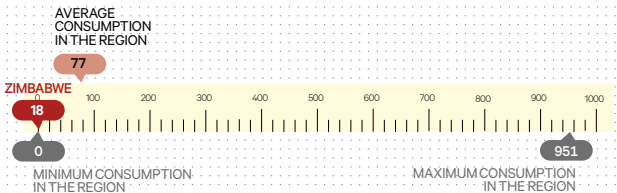
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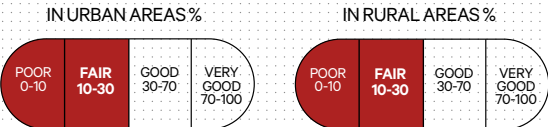
D Use of essential medicines

Opioids consumption (excluding methadone)  
**18**  
S-DDD/MILL INHABITANTS/DAY

Zimbabwe in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles  
**2**

Existence of PC congresses or scientific meetings  
**2**



National Association: Hospice and Palliative Care Association of Zimbabwe (HOSPAZ).  
Consultants: Eunice Garanganga.

Data collected: From December 2023 to March 2024.  
Date validated by consultants: Yes  
Endorsed by National PC Association: Yes  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching  
**2/3**

Nursing schools with mandatory PC teaching  
**3/3**

Recognition of PC specialty  
**1**

B Policies

National PC plan or strategy  
**3**

Responsible authority for PC in the Ministry of Health  
**3**



Inclusion of PC in the basic health package at the primary care level  
**4**

A Empowerment of people and communities





Groups promoting the rights of PC patients  
**4**

Advanced care planning-related policies  
**4**

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<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).	In Zimbabwe, the Hospice and Palliative Care Association of Zimbabwe (HOSPAZ) serves as the national membership body for palliative care providers. Registered in 1999 as a private voluntary organisation, it brings together more than 120 members across all 62 districts of the country. These include hospices, home-based care initiatives, organisations supporting orphans and vulnerable children, HIV support groups, and hospitals. HOSPAZ promotes palliative care through advocacy, capacity-building, and coordination of its network. It also supports its members in delivering comprehensive care and strengthening service provision nationwide.
<b>Ind2</b> Is there a national policy or guideline on advance directives or advance care planning?	 There is a national policy on advance care planning.	
<b>Ind3</b> 3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, but not actively evaluated or audited.   There is a stand-alone national palliative care plan and/or there is national palliative care law/legislation/government decrees on PC.	Palliative care has been part of Zimbabwe's national health agenda since the adoption of the 2014 National Palliative Care Policy. The 2016–2020 National Health Strategy included palliative care under Goal 2: to improve service delivery platforms, with indicators tracking coverage for patients and families. Key strategies included training health professionals, partnering with organisations such as HOSPAZ and Island Hospice Service, monitoring services, promoting research, and ensuring availability of essential medicines. The 2021–2025 National Health Strategy builds on this by integrating palliative care into non-communicable disease (NCD) management at the primary care level. Priority actions include training, simplified guidelines, clinical protocols, and improved referral systems. Palliative care is also addressed in the National Cancer Prevention and Control Strategy through a dedicated chapter.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators exist, but have not been updated (implemented out of the determined period).	
<b>Ind4</b> PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	Palliative care is included in Zimbabwe's national health system as part of the package of priority services for Universal Health Coverage (UHC) at the primary care level. This is reinforced by its inclusion in the Public Act No. 11/2018 Cap 15:17, where palliative care is explicitly mentioned as part of the definition of a "health institution." According to the Act, a health institution refers to "the whole or part of a public or private establishment, facility, building, or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventive, or other health services" (Page 447 - Public Act No. 11/2018 Cap 15:17). This legal recognition establishes palliative care as an essential health service to be provided at all levels of care, including primary care, supporting Zimbabwe's efforts toward achieving UHC.
<b>Ind5</b> 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).   There are concrete functions but do not have a budget or staff.	There is a National Palliative Care Coordinator in place; however, the structure within the Ministry of Health requires further streamlining for effectiveness. Currently, the Coordinator's remuneration is supported by an NGO, with ongoing advocacy for government resources to ensure long-term sustainability.

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<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div>	<div>Palliative care research is an area that requires greater efforts and attention. With the level of palliative care service provision in the country, this is a neglected area.</div>
<div>Ind7</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Reflects a limited number of articles published.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified 24 peer-reviewed articles on palliative care in Uganda that met the inclusion criteria for this indicator.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div><div></div><div>18</div><div></div></div><div>S-DDD PER MILLION INHAB /DAY</div></div>	<div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div> <div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div></div><div><div>ZIMBABWE</div><div>18</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>0</div></div><div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>951</div></div></div></div>

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Zimbabwe

<div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div>	<div>Palliative care essential medicines are well included in the Essential Drug List of Zimbabwe, although a number of stock-outs are witnessed. Primary health care are allowed to stock mild palliative care medicines, and strong ones such as morphine are provided from District Hospitals. Despite this framework, the erratic supply of essential medicines continues to challenge effective palliative care delivery at the primary health care level.</div>
<div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div>	
<div>Ind10</div> <div>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div><div></div><div>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>Immediate-release oral morphine (liquid or tablet) are provided through District Hospitals and is not available at the primary care level in Zimbabwe. Only mild analgesics are stored at this level and usually, rural primary clinics lack access to morphine entirely.</div>
<div>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div><div></div><div>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	

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<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p>	<p>2/3</p> <p>NA/3</p> <p>3/3</p> <p>NA/3</p>	<p></p> <p>Palliative care education is integrated into both nursing and medical curricula in the country. Two medical schools currently offer it as part of their compulsory curriculum, and all nursing schools include dedicated training hours, as required by the national nursing curriculum. However, the exact total number of operational nursing schools remains unclear.</p>
<p><b>Ind12</b></p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialization for palliative care physicians.</p>	<p>The majority of physicians specializing in palliative medicine have obtained their qualifications from programs in South Africa or Uganda, as no formal specialization is currently available within the country. However, a National Diploma in Oncology includes compulsory palliative care modules, contributing to the development of palliative care expertise.</p>

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<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> Isolated provision: Exists but only in some geographic areas.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Found in many parts of the country.</p> <p> Found in many parts of the country.</p>	<p>These services are concentrated mainly in urban areas where other palliative care providers, such as Island Hospice, complement government efforts. Approximately five specialized teams operate, while home-based care services are available across the country, linked to local health clinics. Trained palliative care champions, as part of the integration program, have formed teams within hospitals. Despite these efforts, the current number of specialized services remains insufficient to meet the needs of the entire population.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>ZIMBABWE 0.08</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>12 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>Palliative care services in the country include support for children; however, there is only one specialized organization that focuses exclusively on children's palliative care. Apart from this organization, there are no separate specialized teams dedicated solely to children. Children's palliative care is typically integrated into general palliative care services provided across the country. There are no separate teams for children except for one organization providing services for children.</p>